

# Customer Feedback

**Please answer these questions and return the sheet to the leader. If you need help, ask the leader.**

**1. Would you attend another session like today's session?**

- ☐ Yes      ☐ No      ☐ I am not sure

**2. Which of these foods will you eat next week? (Mark all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Low-fat or fat-free milk   | <input type="checkbox"/> Vegetables (dark-green or orange) |
| <input type="checkbox"/> Fried foods  | <input type="checkbox"/> Whole-wheat tortillas             |
| <input type="checkbox"/> Lean meat  | <input type="checkbox"/> Sweets like candy, cookies, cake  |
| <input type="checkbox"/> Baked fish   | <input type="checkbox"/> Beans                             |
| <input type="checkbox"/> Low-fat or fat-free cheese   | <input type="checkbox"/> Baked chicken                     |
| <input type="checkbox"/> Fruits   | <input type="checkbox"/> Salty snacks like chips           |
| <input type="checkbox"/> Sweet drinks like sodas  | <input type="checkbox"/> None of these foods               |
| <input type="checkbox"/> Other foods that you will eat next week (Write here or on back of page.) _____ |  |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**3. Which of these physical activities will you do next week? (Mark all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Play tag with my kids  | <input type="checkbox"/> Walk kids to school  |
| <input type="checkbox"/> Walk up stairs   | <input type="checkbox"/> Play ball with kids  |
| <input type="checkbox"/> Walk with a friend   | <input type="checkbox"/> Go dancing           |
| <input type="checkbox"/> Clean the house or wash the car  | <input type="checkbox"/> None of these things |
| <input type="checkbox"/> Other physical activities that you will do next week (Write here.) _____ |   |
- \_\_\_\_\_
- \_\_\_\_\_

**4. Which of these activities will you do with your children next week? (Mark all that apply.)**

- ☐ Let my child pick a vegetable or fruit to buy at the grocery
- ☐ Let my child help me fix a meal or snack
- ☐ Let my child help me measure food with measuring cups
- ☐ None of these things
- ☐ Other food activities that you will do with your child next week (Write here.) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**5. List any other comments about this session.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for answering these questions!**

**For Leader's Use:**

Post-Session

Date

# Customer Feedback

**Please answer these questions and return the sheet to the leader. If you need help, ask the leader.**

## 1. How did you hear about this session? (Mark all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Food Stamp Office   | <input type="checkbox"/> Friend                    |
| <input type="checkbox"/> Food Stamp brochure | <input type="checkbox"/> Other (Write here.) _____ |

## 2. Which of these foods did you eat last week? (Mark all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Low-fat or fat-free milk  | <input type="checkbox"/> Vegetables (dark-green or orange) |
| <input type="checkbox"/> Fried foods   | <input type="checkbox"/> Whole-wheat tortillas             |
| <input type="checkbox"/> Lean meat   | <input type="checkbox"/> Sweets like candy, cookies, cake  |
| <input type="checkbox"/> Baked fish  | <input type="checkbox"/> Beans                             |
| <input type="checkbox"/> Low-fat or fat-free cheese  | <input type="checkbox"/> Baked chicken                     |
| <input type="checkbox"/> Fruits  | <input type="checkbox"/> Salty snacks like chips           |
| <input type="checkbox"/> Sweet drinks like sodas   | <input type="checkbox"/> None of these foods               |
| <input type="checkbox"/> Other foods that you ate last week (Write here or on back of page.) _____ |  |
| _____  |  |
| _____  |  |

## 3. Which of these physical activities did you do last week? (Mark all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Played tag with my kids  | <input type="checkbox"/> Walked kids to school |
| <input type="checkbox"/> Walked up stairs   | <input type="checkbox"/> Played ball with kids |
| <input type="checkbox"/> Walked with a friend   | <input type="checkbox"/> Went dancing          |
| <input type="checkbox"/> Cleaned the house or washed the car                                  | <input type="checkbox"/> None of these things  |
| <input type="checkbox"/> Other physical activities that you did last week (Write here.) _____ |  |
| _____   |  |
| _____   |  |

## 4. Mark all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> My family gets food stamps                      | <input type="checkbox"/> My family gets WIC benefits          |
| <input type="checkbox"/> My family gets free meals at school or day care | <input type="checkbox"/> My family uses a food bank or pantry |
| <input type="checkbox"/> None of these things                            |   |

## 5. List anything that you would like to learn about healthy eating or physical activity.

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**Thank you for answering these questions!**

### For Leader's Use:

Pre-Session

Date